



WIC-24b, Rev. 07/05

KENTUCKY WIC PROGRAM APPROVED ITEMS PRICE LIST FOR DRUG STORES

Name of Store _____

Date Completed

Month		Day		Year	

Vendor Number					

FORMULA

TYPE	13 oz. Concentrate	32 oz. Ready -To- Feed	16 oz/1 lb Powder	12 oz., 12.8 oz., 12.9 oz., 14 oz., 14.1 oz., 14.3 oz. Powder	8.0 oz., 8.45 oz. Ready - To- Feed	3 oz. Ready -To- Feed	4 oz. Ready -To- Feed	Packets
Boost					.			
Boost High Protein		.	.		.			
Boost Plus/Boost with Fiber					.			
Enfamil AR/Enfamil AR LIPIL				.				
Enfa Care/Enfa Care LIPIL				.				
Enfamil NextStepToddler/LIPIL				.				
Enfamil Premature 20/LIPIL 20						.		
Enfamil Premature 24/LIPIL 24						.		
Ensure / Ensure High Protein		.		.	.			
Ensure Plus / Ensure Plus HN					.			
Ensure Fiber with FOS					.			
Isocal/IsocalHN/IsocalHN Plus		.			.			
Kindercal /Kindercal with Fiber					.			
Kindercal TF/ TF with Fiber					.			
Nutren Jr./Nutren Jr. w Fiber					.			
Osmolite/Osmolite HN		.			.			
PediaSure/PediaSure w/ Fiber					.			
Peptamen/Peptamen Jr w Fiber					.			
Peptamen (oral) (elemental)					.			
Similac NeoSure/Advance				.				
Similac PM 60/40			.					
Similac Special Care w/ Iron 24						.		
Special Care Advance w/ Iron 24						.		
Vital High Nitrogen								.

Signature of Store Contact_____
Title of Store Contact_____
Signature of State/Local Representative_____
Date

INSTRUCTIONS FOR FORM – WIC 24b

1. **VENDOR NUMBER** – Enter your authorized WIC Vendor Number as it appears on your Vendor Stamp.
(If you are applying to be a WIC Vendor, leave the area blank.)
2. **DATE COMPLETE** – Enter the numerical month, day and year on which you are completing the Price List.
For example, April 6, 2005 = 040605
3. **NAME OF VENDOR** – Print the name of your store.
4. **PRICES** – Prices are to be entered for the formulas that are in stock and the formulas that can be ordered upon special request for the WIC Program. Use the suggested retail price per unit for items that are special ordered.
5. **SIGNATURE OF STORE CONTACT** – Signature of person providing information.
6. **TITLE OF STORE CONTACT** – Title of person providing information.